

SPB INTERPRETER EXAM - ORAL TEST APPLICATION
PRINTABLE COPY FROM WEB SITE

Directions: DO NOT USE THIS FORM TO APPLY FOR THE WRITTEN TESTS. This form is for applicants who have passed the written tests within the past 48 months of the oral exam date selected by the applicant. Complete this application (print clearly), enclose a **money order or cashier's check (personal checks are **not** accepted) for **\$200.00** for the **Administrative Hearing Interpreter Exam** or **\$295.00** for the **Medical Interpreter Exam**, and mail to: **CPS**, Interpreter Program Division, 241 Lathrop Way, Sacramento CA 95815.**

(First) (Middle Name/Initial) (Last) Soc.Sec.Number

(Number and Street Name) (Apt. No.) (City)

(In which **COUNTY** do you reside?) (State) (ZIPCode)

Home # () _____ Msg. # () _____

FAX # () _____ PAGER # () _____

REQUIRED INFORMATION:

- 1) Provide the month/year within the past 48 months that you passed the written exam that qualifies you to take this oral performance exam: _____
- 2) If you were previously certified, provide the month/year you became certified _____, your certification number and language _____.

CIRCLE THE EXAMINATION YOU WISH TO TAKE:

Administrative Hearing Interpreter Oral Exam (\$200.00) Medical Interpreter Oral Exam (\$295.00)

CIRCLE THE LANGUAGE YOU SPEAK:

Cantonese Japanese Korean Spanish Vietnamese

CIRCLE THE DATE YOU CHOOSE TO TAKE THE ORAL EXAM:

(See test dates by geographical location in Test Dates and Locations)

Nov. 3-28, 2003 (Final Filing: Oct. 3, 2003) Mar. 8- Apr. 2, 2004 (Final Filing: Feb. 6, 2004)

CIRCLE THE AREA WHERE YOU PREFER TO TAKE THE ORAL EXAM:

Contra Costa County/Bay Area Sacramento Area Los Angeles Area*
San Diego Area** (SPANISH CANDIDATES ONLY***FOR San Diego)

**It may be necessary for CPS to schedule tests in a nearby county such as Orange, Ventura, Riverside, etc.*

***If there are insufficient numbers, San Diego applicants may be required to test in the Los Angeles Area.*

****Due to insufficient numbers of Other Language candidates, there are three test locations for those languages.*
(Continued on reverse)

IMPORTANT - READ CAREFULLY

1. Applications must be received by CPS by the final filing date described in the Information Packet and must be accompanied by a cashier's check or money order in the amount of \$200.00. **POSTMARKS ARE NOT ACCEPTED.** Late applications will be held for the next exam in the same fiscal year, or returned for filing in the next fiscal year.
2. Application filing fees are **NON-REFUNDABLE**. If you fail to appear for the written tests or oral exam as scheduled, you cannot be rescheduled for a future test date and your fee will be forfeited. (*Absolutely no exceptions can be made.*)
3. Cancellation or rescheduling your participation in either exam component is not permitted.
4. Candidates are required to sign a security agreement regarding the confidentiality of exam material at the oral performance test site and are prohibited from recording any portion of the oral performance exam. Candidates may take notes during the oral exam but these notes must be surrendered at the conclusion of the test. Candidates who leave the oral performance test site with notes taken during the exam in their possession will automatically be disqualified and are subject to prosecution. Further, candidates leaving the test site with notes taken during the test may be required to reimburse the State Personnel Board for all costs related to development of replacement test material.
5. Candidates are tested privately during the oral performance test and all exam sessions are tape-recorded. The tape recordings are the property of the State Personnel Board. The oral performance exam is usually held in a conference room setting.
6. Candidates may not use any aids, i.e., dictionaries, books, notes, et cetera, during either the written or oral performance tests. The required admittance identification items, a wallet and car keys may be brought into the test room only if they are placed in a clear plastic bag. **No other personal items may be brought into the test room for either exam.**
7. Test results are mailed to each candidate's address of record and are **not** available by telephone.
8. **CPS reserves the right to change the manner in which the exam is administered and examination dates in order to meet program needs.** While every effort will be made to adhere to the test dates described herein, these dates **cannot** be guaranteed.
9. If you are unable to test on Saturday or at any other time due to religious reasons, or if you have a physical disability that requires special accommodations, explain your needs here:

You MUST attach documentation from a recognized religious authority or medical professional on their official letterhead. If you do not attach documentation, your application will be "pending" until documentation is received and this could delay your exam.
10. I have just completed the **ORAL EXAM APPLICATION** because I have passed the written exam within the past **48 months**. I understand that I am responsible for filing the correct application and abiding by all final filing dates.

By signing this application, you acknowledge you understand and agree to abide by the policies described above.

Signature

6/03

Date